

DDS Quality Improvement Committee (QIC) Meeting Minutes
Tuesday, September 10, 2013

In Attendance:

(Chair) Matthew Rosen, DDS Program Specialist
Brandi Crawley, DDS Program Development Specialist
Dianne Jackson, DDS Supervisory Quality Improvement Specialist
Joyce Maring, GWU
Lisa Alexander, GWU
Alison Whyte, DDS Rights & Advocacy Specialist
Marisa Brown, Georgetown
Alyce Fergusson, Staff Assistant, DDS Quality Management Division

Handouts Disseminated

- Agenda for September 10, 2013
- Minutes from August 13, 2013 QIC meeting
- Fiscal Year 2013 Third Quarter report Incident Management Quarterly Report
- Fiscal Year 2013 Second Quarter report Continuing Quality Improvement (CQI) report
- Fiscal Year 2013 Third Quarter report Continuing Quality Improvement (CQI) report

August 13, 2013 Minutes were approved

- ❖ The committee reviewed the minutes from the August 13, 2013 minutes. No corrections or additions were made.
- ❖ Matt Rosen introduced himself to the committee and gave a brief history of his background and his new position as Program Specialist with DDS Quality Management Division.

Alison Whyte, DDS Rights and Advocacy Specialist-Continuing Quality Improvement (CQI) Report 2nd and 3rd Quarters

- ❖ Alison Whyte presented a power point summary and detailed report of the 2nd and 3rd quarters of the CQI report. The report summarizes the data generated from the Service Coordination Monitoring Tool, which focuses on the following domains, **Satisfaction, Community, Health and Well-Being, Rights and Dignity, Safety and Security, Service Planning and Delivery, Individual Financial Planning**. Overall, the report showed positive results and increase in areas that were previously low. *A copy of the Continuing Quality Improvement (CQI) Report 2nd Quarter will be forwarded to the committee.*

- ❖ Overall, the group felt that the positive results from the report represented reality. Marisa Brown indicated that she experienced some communication problems with people seeking employment who remained in day programs. She also reported that Person Centered Thinking training is starting to make a positive impact on services.
- ❖ Ms. Brown also stated that she is working on four strategies for lowering hospitalization and will share a report with the group in the near future.

QIC Recommendations (Continuing Quality Improvement (CQI) Report 2nd and 3rd Quarter)

1. Conduct an analysis of issues to determine if there are people who repeatedly answer “no” to certain questions on the SCMT. Based on the analysis, make further recommendations for specific people or systemic changes.
2. Break down data about waiver services more – how many people are getting assessments vs. getting the therapy itself?
3. Find out what the waiver service “family training” entails and gather information to understand why so few people receive this service.
4. Include in the incident report the total number of people who experienced any kind of incident during a quarter, in addition to reporting how many people experienced an SRI and an RI separately.
5. In demographic analysis of incident trends, look at age, gender, race, residential type (family home, ICF/ID, supported living, etc.) and service type (i.e., ICF, supported living, Day Habilitation, etc.)
6. Include in the CQI report the breakdown of how many people answer the questions to the SCMT themselves vs. how many people have staff answer the questions for them. Think about doing separate analyses for these groups.

Incident Management Quarterly Report (3rd Quarter), April- June 2013- Alison Whyte, DDS Rights and Advocacy Specialist

- ❖ Ms. Whyte continued the meeting with Incident Management Quarterly report that included a power point summary presentation of the detailed hard copy report for the 3rd quarter. The report highlighted the number of SRI’s and RI’s reported during the 3rd quarter compared to the first two quarters. *In this quarter, neglect was the most frequently reported SRI and ER visits were the most frequently reported RI. Unplanned or emergency inpatient hospitalizations continued to be reported at a high frequency in this quarter, but were likely lower than neglect due to the new practice in the Incident Management and Enforcement Unit to enter additional incidents of neglect when the investigation of another incident is determined to have been the result of neglect.* Ms. Whyte also informed the committee that the Incident Management and Enforcement Unit (IMEU) investigate emergency inpatient hospitalizations and serious physical injuries to determine if they occurred as a result of neglect. When it is a result of neglect, it is alerted in MCIS as an incident. The report also showed a great improvement in timely closure of investigations by IMEU during this quarter; 90% of the cases were closed on time. It was

also mentioned that the IMEU is currently fully staffed. *The report includes the Recommendation updates and Appendix A- Reportable Incident Definitions* effective June 1, 2013. *The Incident Management Report will be forward to the committee.*

- ❖ Again, the group expressed positive feedback. No further recommendations were offered.

PCR indicator pilot update- presented by Ms. Jackson and Ms. Sheingold

- ❖ Ms. Jackson stated that she had not set up the meeting with GWU and DDA's Provider Resource Management Unit to discuss the roles of PRMU and DDA's Quality Improvement Specialist during enhanced monitoring. Ms. Jackson was charged with narrowing the list of providers who may be willing to participate on the pilot from 25 to 10. The recommendations from the August 13, 2013 meeting for GWU/DDA Collaboration will be carried over to the next QIC meeting October 1, 2013. A copy of the approved minutes from the August 13, 2013 will be forwarded.